

**REQUEST FOR SPEAKING ENGAGEMENT**  
**PLEASE FILL OUT ONE FORM PER SEMINAR/WORKSHOP**

Return form via mail or fax to: Disability and Communication Access Board, 919 Ala Moana  
Blvd. #101, Honolulu, HI 96814; ph: 586-8121; fax: 586-8129

Requesting Individual/Organization \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Topic/Title \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Location of speaking engagement \_\_\_\_\_

Target audience \_\_\_\_\_ Estimated # \_\_\_\_\_

Will an honorarium be provided? \_\_\_\_ Yes \_\_\_\_ No IF YES, specify amount \_\_\_\_\_

Will this presentation be videotaped? \_\_\_\_ Yes \_\_\_\_ No

Is this a: \_\_\_\_ Solo presentation  
\_\_\_\_ Co-presentation, list other speakers :

Is site accessible? \_\_\_\_ Yes \_\_\_\_ No

Will an interpreter or other accommodation be provided if needed? \_\_\_\_ Yes \_\_\_\_ No

If Neighbor Islands: airline coupons provided by \_\_\_\_\_

ground transportation provided by \_\_\_\_\_

Key Points to be Covered in the Presentation

Audiovisual Equipment Needs  
(For Office Use Only)

**FOR OFFICE USE ONLY:**

Staff Assigned to Speak \_\_\_\_\_

**APPROVED:**

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date